

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JUN 11 1943

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

17781

Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 115
 (b) Township Union Primary Registration District No. 5733
 (c) City Union (d) Street No. ST
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) Born in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 36

2. PRINT FULL NAME

(a) Residence, No. R.R. 2 Union Mo. St. □ (If nonresident, give city or town and State) 1
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Thomas Cline
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 194, 1867
 7. AGE YEARS 76 MONTHS 4 DAYS 1 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Indiana

13. NAME Wm Ham
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know
 15. MAIDEN NAME Mary Howe
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT J C Cline
 (ADDRESS) Union Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Union Cemetery DATE 5/22 1943

19. FUNERAL DIRECTOR (NAME) E. H. Altman
 (ADDRESS) Union Mo.

20. FILED 5/21/43 19 Union Mo.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1943

22. I HEREBY CERTIFY, That I attended deceased from 5-7 1943, to 5-20 1943
 I last saw h. e. alive on 5-20 1943. Death is said to have occurred on the date stated above, at 10:00 am.

The principal cause of death and related causes of importance were as follows:

Apoplexy
Arteriosclerosis
Cardio Vascular Disease
 Other contributory causes of importance:
938

Date of onset

3 days10 yrs

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. H. Strehlman, M. D.
 (Address) Union, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

E. A. Olthman

Licensed Embalmer No. *1686*

P. O. Address *Union, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.